

PTO/SB/22 (01-08)

Approved for use through 04/30/2008. GMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

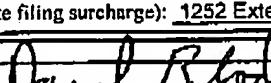
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))		Docket Number (Optional) 0630-1874P	RECEIVED CENTRAL FAX CENTER
Application Number	10/726,535-Conf. #5940	Filed	December 4, 2003 APR 21 2008
For MEDIA PICK-UP DEVICE OF MEDIA DISPENSER			
Art Unit	3653	Examiner	T. A. Morrison
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		Fee	Small Entity Fee
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))		\$120	\$60
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))		\$480	\$230
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))		\$1050	\$525
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))		\$1640	\$820
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		\$2230	\$1115
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>39,538</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34			
<u>James T. Eller, Jr.</u> Signature		April 21, 2008 Date	
James T. Eller, Jr. Typed or printed name		(703) 205-8000 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

David A. Blodeau
Registration No. 43,325

04/22/2008 HMARZI1 00000062 022448 10726535
01 FC:1252 460.00 DA

PTO/SB/17 (10-07)

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fee pursuant to the Consolidated Appropriations Act, 2003 (H.R. 4818). Fee TRANSMITTAL For FY 2008		Complete if Known																																																	
		Application Number	10/726,535-Canf. #5940																																																
		Filing Date	December 4, 2003																																																
		First Named Inventor	Eung Min PARK																																																
		Examiner Name	T. A. Morrison																																																
RECEIVED																																																			
CENTRAL FAX CENTER																																																			
APR 21 2008																																																			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		TOTAL AMOUNT OF PAYMENT (\$ 460.00) Attorney Docket No. 0630-1874P																																																	
METHOD OF PAYMENT (check all that apply)																																																			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																			
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448		Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP																																																	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)																																																			
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee																																																	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments																																																	
FEE CALCULATION																																																			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																			
<table border="1"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> </tr> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>310</td> <td>155</td> <td>510</td> <td>255</td> <td>210</td> <td>105</td> </tr> <tr> <td>Design</td> <td>210</td> <td>105</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> </tr> <tr> <td>Plant</td> <td>210</td> <td>105</td> <td>310</td> <td>155</td> <td>160</td> <td>80</td> </tr> <tr> <td>Reissue</td> <td>310</td> <td>155</td> <td>510</td> <td>255</td> <td>620</td> <td>310</td> </tr> <tr> <td>Provisional</td> <td>210</td> <td>105</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	310	155	510	255	210	105	Design	210	105	100	50	130	65	Plant	210	105	310	155	160	80	Reissue	310	155	510	255	620	310	Provisional	210	105	0	0	0	0
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES																																														
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																																													
Utility	310	155	510	255	210	105																																													
Design	210	105	100	50	130	65																																													
Plant	210	105	310	155	160	80																																													
Reissue	310	155	510	255	620	310																																													
Provisional	210	105	0	0	0	0																																													
2. EXCESS CLAIM FEES																																																			
Fee Description																																																			
Each claim over 20 (including Reissues) _____																																																			
Each independent claim over 3 (including Reissues) _____																																																			
Multiple dependent claims _____																																																			
<table border="1"> <thead> <tr> <th rowspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th rowspan="2">Fee (\$)</th> <th rowspan="2">Fee Paid (\$)</th> <th colspan="2">Multiple Dependent Claims</th> </tr> <tr> <th>Fee (\$)</th> <th>Fee (\$)</th> <th>Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>- 20 =</td> <td>x _____</td> <td>= _____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Total Claims	Extra Claims		Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	2	- 20 =	x _____	= _____																																	
Total Claims	Extra Claims		Fee (\$)		Fee Paid (\$)	Multiple Dependent Claims																																													
	Fee (\$)	Fee (\$)		Fee (\$)		Fee (\$)																																													
2	- 20 =	x _____	= _____																																																
HP = highest number of total claims paid for, if greater than 20.																																																			
<table border="1"> <thead> <tr> <th rowspan="2">Indep. Claims</th> <th colspan="2">Extra Claims</th> <th rowspan="2">Fee (\$)</th> <th rowspan="2">Fee Paid (\$)</th> <th colspan="2">Fee (\$)</th> </tr> <tr> <th>Fee (\$)</th> <th>Fee (\$)</th> <th>Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>- 3 =</td> <td>x _____</td> <td>= _____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Indep. Claims	Extra Claims		Fee (\$)	Fee Paid (\$)	Fee (\$)		Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	2	- 3 =	x _____	= _____																																	
Indep. Claims	Extra Claims		Fee (\$)		Fee Paid (\$)	Fee (\$)																																													
	Fee (\$)	Fee (\$)		Fee (\$)		Fee (\$)																																													
2	- 3 =	x _____	= _____																																																
HP = highest number of independent claims paid for, if greater than 3.																																																			
3. APPLICATION SIZE FEE																																																			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(4)(1)(G) and 37 CFR 1.16(s).																																																			
<table border="1"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>- 100 =</td> <td>/50 = _____</td> <td>(round up to a whole number) x _____</td> <td>= _____</td> </tr> </tbody> </table>				Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	100	- 100 =	/50 = _____	(round up to a whole number) x _____	= _____																																						
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																																															
100	- 100 =	/50 = _____	(round up to a whole number) x _____	= _____																																															
4. OTHER FEE(S)																																																			
Non-English Specification, \$130 fee (no small entity discount) _____																																																			
Other (e.g., late filing surcharge): 1252 Extension for response within second month 460.00																																																			
SUBMITTED BY																																																			
Signature 		Registration No. (Attorney/Agent)	39,538 Telephone (703) 205-8000																																																
Name (Print/Type) James T. Eller, Jr.		Date	April 21, 2008																																																

**David A. Blodeau
Registration No. 43,325**